



October 11, 2022

DVP-220042

Air Pollution Control Officer

Attention: Mr. Jack Cheng, AQAC Supervisor

South Coast Air Quality Management District

21865 E. Copley Drive

Diamond Bar, CA 91765-4182

Subject: CO lbs./hr 3-Hr Rolling Average Exceedance

SCAQMD FILE # 100154

Permit No. CB-ROP 05-01

NSR 4-4-11; SE 87-01

Dear Mr. Cheng:

Per our Title V permit I am attaching the Form 500-N reports for the CO lbs./hr. 3-Hr Rolling Average Exceedances Desert View Power incurred during startups on October 9, 2022.

Please call if you have any questions or comments. I can be reached at (760) 262-1644.

A handwritten signature in black ink that reads "Kevin Lawrence".

Sincerely,

Kevin Lawrence

Plant Manager Desert View Power



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encl

cc:

Enforcement and Compliance Assurance Division
U.S. Environmental Protection Agency
75 Hawthorne Street
San Francisco, California 94105-3901

Chief, Industrial Strategies Division
California Air Resources Board
P.O. Box 2815
Sacramento, CA 95814



South Coast Air Quality Management District

Form 500-N**Title V - Deviations, Emergencies & Breakdowns**

*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Mail To:
SCAQMD
P.O. Box 4941
Diamond Bar, CA 91765-0941

Tel: (909) 396-3385
www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit):

Desert View Power

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

100154

3. Address:

62-300 Gene Welmas Dr

(where incident occurred)

Street Address

Mecca

City

CA

State

92254

Zip

4. Mailing Address:

Same as above

(if different from Item 3)

Street Address

Same as above

City

State

Zip

5. Provide the name, title, and phone number of the person to contact for further information:

Doug Fritsch

Name

Operations Manager

Title

(760) 262-1684

Phone #

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):

Type of Incident

Verbal Report Due*

Written Report Due

a. ☐ Emergency under Rule 3002(g)

Within 1 hour of discovery

Within 2 working days from when the emission limit was exceeded.

b. ☐ Breakdown under:☐ Rule 430 (Non-RECLAIM)

For Rules 430 & 2004 - Within 1 hour of discovery.

For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.

☐ Rule 2004 (RECLAIM)

For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours

For Rule 218 - With required semi-annual reports.

☐ Rule 218 (Non-RECLAIM)

[See Rule 218(f)(3)]

c. ☒ Deviation with excess emissions

[See Title V Permit, Section K, Condition No. 22B]

Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.

Within 14 days of discovery of the deviation.

d. ☐ Other Deviation

[See Title V Permit, Section K, Condition Nos. 22D & 23]

None

With required semi-annual monitoring reports.

2. The incident was first discovered by: Tomas Barragan

Name

on

10/09/2022

Date

07:45

Time

☐ AM☒ PM

3. The incident was first reported by: Operator #6

Name of AQMD Staff Person

on

10/09/2022

Date

08:15

Time

☐ AM☒ PMa. ☒ Via Phoneb. ☐ In Person

Notification Number (Required): 719243

4. When did the incident actually occur? 10/09/2022

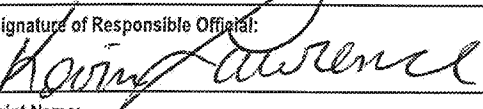
Date

06:00

Time

☐ AM☒ PM

AQMD USE ONLY	Received By:		Assigned By:		Inspector:	
	Date/Time Received:		Date/Time Assigned:		Date/Time Received Assignment:	
	Date Delivered To Team:		Date Reviewed Inspector Report:		Date Inspected Facility:	
	Team:	Sector:	Breakdown/Deviation Notification No.		Date Completed Report:	
	Recommended Action:		Cancel Notification	Grant Relief	Issue NOV No. _____	Other: _____
	Final Action:		Cancel Notification	Grant Relief	Issue NOV No. _____	Other: _____

5. Has the incident stopped? a. <input checked="" type="radio"/> Yes, on: <u>10/09/2022</u> <u>07:59</u> <input type="radio"/> AM <input checked="" type="radio"/> PM b. <input type="radio"/> No	
6. What was the total duration of the incident? <u>0</u> <u>04</u> Days Hours	
7. For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), when was the end of the operating cycle during which the incident occurred? _____ Date Time <input type="radio"/> AM <input checked="" type="radio"/> PM	
8. Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary. Boiler 2 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was high due to incomplete combustion of the wood.	
9. The incident may have resulted in a: a. <input checked="" type="checkbox"/> Violation of Permit Condition(s): <u>CB-ROP 05-01</u> b. <input type="checkbox"/> Violation of AQMD Rule(s): _____	
10. What was the probable cause of the incident? Attach additional pages as necessary. Boiler 2 was in start up coming back from a forced outage burning natural gas. Since we were in the process of heating up the boiler our O2% was high. Once biomass fuel was burning the O2 stabilized and the CO reading drop.	
11. Did the incident result in excess emissions? <input type="radio"/> No <input checked="" type="radio"/> Yes (Complete the following and attach calculations.) <input type="checkbox"/> VOC _____ lbs <input type="checkbox"/> NOx _____ lbs <input type="checkbox"/> SOx _____ lbs <input type="checkbox"/> H2S _____ lbs <input checked="" type="checkbox"/> CO <u>22,000</u> lbs <input type="checkbox"/> PM _____ lbs <input type="checkbox"/> Other: _____ lbs _____ pollutant	
12. For RECLAIM facilities Subject to Rule 2004 (j)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations? a. <input type="radio"/> Yes, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx b. <input type="radio"/> No, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx If box 12(b) above is checked, include all information specified in Rule 2004(j)(3)(B) and (C), as applicable.	
13. Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary. Boiler began stabilized along with the O2 once biomass fuel admitted to the boiler. The O2 began to drop and the CO lbs/hr went to 5.41lbs/hr	
14. Was the facility operating properly prior to the incident? a. <input checked="" type="radio"/> Yes b. <input type="radio"/> No, because: _____	
15. Did the incident result from operator error, neglect or improper operation or maintenance procedures? a. <input type="radio"/> Yes b. <input checked="" type="radio"/> No, because: <u>The boiler was in start up.</u>	
16. Has the facility returned to compliance? a. <input type="radio"/> No, because: _____ b. <input checked="" type="radio"/> Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)	
Section III - Certification Statement	
I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate, and complete.	
For Title V Facilities ONLY: <input checked="" type="checkbox"/> I also certify under penalty of law that that I am the responsible official for this facility as defined in AQMD Regulation XXX.	
1. Signature of Responsible Official: 	2. Title of Responsible Official: Plant Manager
3. Print Name: Kevin Lawrence	4. Date: 10/10/2022
5. Phone #: (760) 262-1644	6. Fax #:
7. Address of Responsible Official: 62-300 Gene Welmas Dr Mecca CA 92254 Street # City State Zip	

Boiler 2 Excess Emissions

Colmac Energy

CO lb/hr 3-Hr Rolling Excess Emissions for 10/9/2022

Parameter	Start	End	Duration	Value	Limit	Reason	Action
CO lb/hr 3-Hr Rolling	10/9/2022 6:00 PM	6:59 PM	1 hour	22.0	13	Startup	
CO lb/hr 3-Hr Rolling	10/9/2022 7:00 PM	7:59 PM	1 hour	15.0	13	Startup	
Total duration			2 hours				

Colmac Energy
Mecca, CA
Boiler 2 Daily Emissions Report
October 9, 2022

Emission Limits												
Hour	Daily			30-Day Rolling								
	NOx lbs-648			NOx lb/mmBtu - 0.3								
	SO2 ppm @3% O2 - 17.7	CO ppm @3% O2 - 310	SO2 lb/mmBtu - 1.2	CO lb/mmBtu - 0.46	SO2 ppm @3% O2	SO2 lbs	CO ppm	CO ppm @3% O2	CO lbs	CO lb/mmBtu	Process Status	
00	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
01	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
02	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
03	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
04	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
05	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
06	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
07	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
08	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
09	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
10	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
11	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
12	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	
13	20.5	10.0	Invalid	5.0	3.09	Invalid	Invalid	Invalid	Invalid	Invalid	Down	
14	20.2	10.0	Invalid	5.0	3.55	Invalid	Invalid	Invalid	Invalid	Invalid	Down	
15	19.9	10.0	Invalid	5.0	3.61	Invalid	Invalid	Invalid	Invalid	Invalid	Down	
16	19.5	10.0	Invalid	5.0	3.80	Invalid	Invalid	Invalid	Invalid	Invalid	Down	
17	19.1	10.0	Invalid	5.0	3.81	Invalid	Invalid	Invalid	Invalid	Invalid	Down	
18	18.8	10.8	92.1	5.0	3.90	42.6	66.5	422.8	16.87	27.56	Down	
19	18.3	17.7	121.9	5.0	3.98	34.4	82.9	49.6	22.14	22.14	Down	
20	17.8	25.0	144.4	5.0	4.02	28.9	15.6	107.4	16.87	16.87	Down	
21	14.1	49.4	130.0	5.8	4.13	15.3	OOO	78.5	5.41	5.41	Down	
22	11.8	15.4	30.3	5.0	3.61	9.8	19.4	38.2	4.58	4.58	Down	
23	10.7	23.1	40.5	5.0	3.95	8.8	10.0	17.5	OOO	OOO	Down	
Average Total	17.3	17.4	93.2	5.1	41.45	23.3	36.8	132.9	85.9	0.113	Down	
30-Day Ring					52744	13.8	N/A *	N/A *			Down	
365-Day Ring											Down	

* - 720 hour average of the previous 720 valid hours, excluding startup/shutdown